DECLARATION AND POWER OF ATTORNEY

Docket No. X-15440

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

	VITAMIN	D RECEPTOR MODULATORS
which is desc	ribed and claimed in t	he specification which:
(check one) or	PCT Internat	ited States Serial No.:10/534,920 ional Application No. PCT/US2003/035055 inded on (if applicable).
		and understand the contents of the above identified as amended by any amendment referred to above.
I acknowledg 37 C.F.R. 1.5		information which is material to patentability as defined
•	n the benefit under Tit atent application(s) lis	le 35, United States Code, §119(e) of any United States ted below.
60/429041		November 22, 2002
(Application	Number)	(Filing Date)
(Application	Number)	(Filing Date)
associated wi business in th	th customer number 2 e Patent and Tradema	
Send Correspo	ongence to the address	associated with the customer number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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